

MDR Tracking Number: M5-04-2451-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 6, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits (CPT code 99213) on 04-08-03, 04-2-03, and 04-29-03 **were** found to be medically necessary. All passive therapeutics and office visits exceeding one time per week **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04-08-03 through 04-29-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 14th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

May 20, 2004

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IRO #: 5284

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed chiropractor with a specialty in rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient is a 40 year of age female who reported a bilateral wrist injury to her employer and sought medical treatment first from the company doctor then through ___. The patient was treated with a variety of procedures and modalities with limited success. A PPE of 4/4/03 indicates a non bell shaped curve of the right hand. The notes on the same date by ___ indicate "limited progress seen in the current treatment plan, continued active care is recommended". The patient apparently continued active rehabilitation until she had right handed carpal tunnel release on 5/19/03 and left CT release on 9/8/03. Another PPE was performed less than four weeks post-surgical on 10/7/03 indicating bilateral reduced ROM, grip strength and an inability to perform basic NIOSH lifting tests. (unchanged from 4/4/03 PPE). A TD selected doctor, ___ performed an MMI examination on 12/8/03 and determined the patient to not be at MMI until March of 2004. ___ recommended a work hardening program. A designated doctor, ___ performed an examination on 12/10/03 and stated the patient would not be at MMI until 3/10/04. He noted areas of apparent lack of consistent effort by the patient during examination. The patient's pain scale according to the notes was between an 8 and a 9 throughout treatment according to the records provided by the doctor/facility.

DISPUTED SERVICES

Disputed services include a level III office visit, ultrasound, traction manual, therapeutic exercises, neuromuscular re-education and Myofascial release as denied by the carrier for "V" codes from 4/8/03 through 4/29/03.

DECISION

The reviewer agrees with the previous adverse determination of all passive therapeutics and office visits exceeding one time per week.

The reviewer disagrees with the previous adverse determination of the following specific disputed services: Office visits (CPT code 99213) on DOS 4/8/03, 4/22/03 and 4/29/03.

BASIS FOR THE DECISION

The reviewer indicates that the decision is based upon the ability of the treating doctor to direct patient care. He indicates that further passive care and/or active care was not medically necessary due to the lack of subjective (reduction of pain) or objective improvement (increased functionality) or an increase in the ability of the patient to return to work as per TX Labor Code 408.021. Furthermore, generally accepted Guidelines (TX Guidelines for Chiropractic Quality Assurance and Practice Parameters and Evidence Based Medical Guidelines) indicate that these services are not medically necessary based upon time frames and non-improvement by the patient.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,